

REC'D APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9857

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kew Primary Registration District No. 1002 Registered No. 1291
(c) City Kansas City (d) Street No. St. Lukes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 234 FRANK RAGSDALE Frank Ragsdale
BERINGTON, KA St. BERINGTON, KANSAS
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Ragsdale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1880
7. AGE YEARS 59 MONTHS 5 DAYS 3 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as saw mill, bank, etc. Switchman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Fort Gibson (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Robert H. Ragsdale
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Lou Anne
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs. Blanche Ragsdale
Berington, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berington DATE Mar. 27, 1940

19. FUNERAL DIRECTOR (NAME) Geo. H. Long
(ADDRESS) Kansas City, Mo.

20. FILED Mch 24, 1940 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1940

I HEREBY CERTIFY That I attended deceased from March 1, 1940 to March 25, 1940

I last saw him alive on March 25, 1940 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Post-operative hemorrhagic encephalitis; supratentorial, right temporal lobe; cerebral edema; epidural hemorrhage.

Other contributory causes of importance:
Shock, post-operative in Douglas

Name of operation Ligation & amputation Date of 3-22-40
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. J. Hayden M. D.

(Address) Professional Bldg
1611 Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harold L. Eckernacht, Registered Apprentice No.
working under my personal supervision.

Signed Harold L. Eckernacht

Licensed Embalmer No. 3035

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.